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| Submission stamp |

**Third Faculty of Medicine, Charles University**

**Request for permission of dissertation´s defense in doctoral study programme**

Name and surname, including title :……………………………………………………………………...

Date and place of birth :………………………………………………………………………………......

Address : ………………………………………………………...Phone.:……………………………….

Employer´s address :…………………………………………………Phone:……………………………

Job categorization :……………………………………………………………………………………….

Form of doctoral study : a) full-time form : from………………….to……………………………...

b) part-time form : from ………………...to ……………………………...

Study programme : ……………………………………………………………………………………….

Date of state doctoral examination:………………………………………………………………………

Teaching department :……………………………………………………………………………...…….

Supervisor :……………………………………………………………………………………………….

Supervisor - consultant :……………………………………………………………………………..…...

Title of submitted dissertation : ……………………………………………………………………….....

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Title of submitted dissertation in English:………………………………………………………………..

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Work in field : …………………………………………………………………………………………...

Date : ………………………….

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Signature of applicant

Attachment :

1. Curriculum vitae
2. Proof of completion of state doctoral exam\*
3. Proof of language exam\*
4. List of published and unpublished works
5. Dissertation 4x
6. Reference of supervisor
7. Auto-report 5 pieces (if required by subject council)
8. Supervisor´s statement to findings of originality work control (Guideline n. 7/2019)

\*- supplied by science department

**At least 2 months before defense submit the electronical version of your work into the SIS.**